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Hospital Ship Comfort Bound For Home
From USNS Comfort Public Affairs

ABOARD USNS COMFORT, At Sea - In the northern Arabian Gulf, the last of Comfort's patients were transferred to medical facilities ashore this week as the ship prepares to go home. After four months away and 56 days on station in the Arabian Gulf participating in Operation Iraqi Freedom (OIF), USNS Comfort (T-AH 20) is ordered to return to its homeport in Baltimore, Md..

Comfort's activation for Operation Enduring Freedom and subsequent role in OIF marks the longest deployment of either of the Navy's two hospital ships since both were deployed to the region for Operations Desert Shield and Desert Storm twelve years ago.

"Comfort has been quite active in the last three years," according to Capt. Charles Blankenship, Medical Corps, commanding officer of the medical treatment facility on board Comfort. "This crew has faced some challenges during this operation and done well. Our readiness is as high as it has ever been. The resident's challenge to the military after 9/11 was 'Be Ready'. The CNO has challenged us to 'keep that focus' and we will."

Blankenship recently met with the entire crew as the ship's mission was winding down and told everyone to enjoy some time off with family when they return home, but also reminded them to "keep your bags packed," something he has expressed to his crew many times since

the ship was activated to provide support during rescue operations in New York City following the attacks on 9/11.

Having treated nearly 330 inpatients, most of which were combat related injuries, this has been the most operationally significant role for a Navy hospital ship since the Vietnam War, when USS Repose treated more than 9,000 battle casualties and USS Sanctuary spent a record 121 days on the line.

According, Cmdr. Tommy Stewart, Nurse Corps, who served as a corpsman during the Vietnam War, and later took a commission as a Navy nurse, "Many of our providers on Comfort have never experienced the types of injuries associated with combat weaponry. As healers, we don't like to see our brothers and sisters in the armed forces get injured in combat, but it is our duty to ensure they get the best medical treatment available."

Lt.j.g. Rachael Stephenson, Nurse Corps, who had no previous trauma experience indicated that the staff prepared she and the other junior nurses and corpsmen well for the types of injuries they would encounter. However, she added, "Nothing takes the place of hands on experience. I can take that experience back with me and prepare others."

Stewart added, "This was extremely valuable experience for the junior personnel, because they are the next generation of combat casualty care providers. Now they will be able to enter any future combat operations with the knowledge and experience gained from Operation Iraqi Freedom. Most of those who trained during the Vietnam era have retired. Now the remaining few of us can stand relieved of the watch as this generation stands ready to assume the watch."

As Comfort prepares to depart the Gulf, about 230 crewmembers will fly back to the US, leaving about 340 medical and support staff on board for the return voyage. While the exact schedule is not known at the time of this release, the ship should return to homeport in late May or early June.

Comfort deployed Jan. 6 as an effort to reposition forces for possible military actions in support of Operation Enduring Freedom.

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DoD Health Chief Lauds Wartime Military Medical Support
From Department of Defense Public Affairs

WASHINGTON - The Pentagon's top civilian medical official praised military doctors, nurses, medics and other health care professionals for their "superb job" in Operation Iraqi Freedom during a roundtable with Pentagon reporters April 29.

DoD medical personnel inside and outside the theater of operations were busy "saving lives and helping people to recover from serious wounds and injuries and illnesses incurred during the conflict," said Dr. William Winkenwerder Jr., assistant secretary of defense for health affairs.

During his meeting with reporters, Winkenwerder noted that he'd visited with wounded troops being cared for at Walter Reed Army Medical Center, and would soon talk to service members convalescing at the National Naval Medical Center in nearby Bethesda, Md.

During such visits Winkenwerder said he queries service members about the quality of their medical care, adding they invariably reply, "It's been great."

DoD's medical people "were well-prepared" for Operation Iraqi Freedom, Winkenwerder explained, to include possible enemy deployment of weapons of mass destruction, which didn't occur.

"We believe we had the right kinds ... and amounts of (medical) assets in theater" to treat battlefield wounds and injuries, he remarked. He noted that more than 500 troops were treated for wounds, injuries or illnesses during the conflict.

More than 100 U.S. troops were killed in action during the three-week war, Winkenwerder said. However, he pointed out, many service members' lives were saved by having surgical teams deployed close to the fighting.

Lives were also saved, Winkenwerder continued, through use of the new "fibrin" field bandage. This bandage, he noted, contains an enzyme that causes the patient's blood to clot, thereby slowing bleeding. Military medical officials cite severe blood loss as the No. 1 cause of battlefield deaths.

Winkenwerder pointed out that U.S. military health care professionals also treated many Iraqi civilians and enemy prisoners of war at field facilities and aboard U.S. Navy hospital ship Comfort (T-AH 20), which was deployed in the Arabian Sea. The vessel, with 1,000 beds, deployed to the Persian Gulf region in support of the Iraq war.

U.S. military medical facilities in theater, he noted, reached 50-percent patient capacity during the height of the fighting in Iraq.

Winkenwerder said DoD health officials would gather sometime this summer to discuss medical lessons learned from the war.

"Although we believe our folks did a great job, there's always an opportunity to get better," he concluded.

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Pharmacy Plays Key Role in Patient Care Aboard Comfort By Journalist Seaman Erica Mater, USNS Comfort Public Affairs

ABOARD USNS COMFORT, At Sea - When we go to the doctor, in many cases, he will give us a prescription for some medication, and then we take it to the pharmacy to pick up our medicine. For the most part, we do not even think twice about where the medicine came from, how it was made or all of its uses. All we know is it's supposed to make us feel better.

During the past few weeks, USNS Comfort's (T-AH 20) pharmacy clinic has been hard at work making people better. Whether it is making emergency medicines in casualty receiving, or filling the normal, everyday prescription from sick call, Comfort pharmacists and pharmacy technologists are receiving a lot of business.

"Since the war started, we have seen a tremendous increase in our workload," pharmacy's division officer Lt. Gary West, Medical Service Corps, said. "Now, we are making about 200 to 300 IVs, filling about 50 to 90 prescriptions in one day, and have made over 40,000 syringes of morphine."

The pharmacy is involved with the making of antibiotics, IVs, cardiac medicines, as well as life-saving and pain-control medicines. Every morning around 8 a.m., it is possible to see two to three people working meticulously, making the day's supply of IVs or any other medicines needed.

When there are patients in Casualty Receiving (CASREC), at least one person from pharmacy can be found waiting to make emergency medicines if the need arises.

That is not all they do, however.

"I am not just down there for pharmacy," said Hospital Corpsman 2nd Class Brian Southard, the leading petty officer for pharmacy. "If there is no need for medicines, then I will help out wherever I am needed."

However, when CASREC does need medicines, Southard and other pharmacy staff have a unique way of communicating with each other to get out the medications. The pharmacy uses Microsoft Net Meeting to communicate back and forth from the pharmacy down to CASREC. Net Meeting is like a chat room, allowing for real-time messaging.

"Net Meeting is very useful. We don't tie up the phone lines, and we are the only ones using it, so it allows us to communicate faster and without interruption," West said.

The pharmacy is staffed with three pharmacists (officers), one chief, and about 15 pharmacy techs (hospital corpsman). They work two 12-hour shifts.

While the workload is sometimes more than they expected, they adapt and overcome the challenges.

"It can be very stressful, but at the same time, we handle it just like we would on a normal day," Hospital Corpsman 3rd Class Alicia Davis, a pharmacist's tech, said.

On top of preparing and filling prescriptions, the pharmacy is also used as a place of knowledge.

"Doctors will often call us about certain medicines. We are used often as a clinical reference and for drug knowledge," West said.

West added that the pharmacy can be found just about anywhere on Comfort.

"Either directly or indirectly, we have more patient contact than any other medical service on Comfort. We are there in CASREC. We are in every ward, every surgery, with any medication," he said.

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PORTSMOUTH, Va. - Hundreds of Naval Reservists have been mobilized to Navy Medical Center Portsmouth, Va., and its seven branch clinics, preventing disruption of medical services while active-duty staff members are deployed to the Middle East.

"With the help of the Reservists who have received orders to assist us, we will care for as many additional TRICARE beneficiaries as we can while ensuring quality and continuity of care," said Capt. Thomas K. Burkhard, Medical Corps, commanding officer of Naval Medical Center Portsmouth and lead agent for TRICARE Mid-Atlantic.

The Reservists, including corpsmen, nurses and physicians, are filling in for their active-duty counterparts at the medical center and its seven branch clinics in Hampton Roads. More than 40 came from Naval Medical Center Det. 206 in Norfolk, Va.

"We're a full service clinic for the thousands of fleet Sailors and their dependents that are still attached to the base, so it's vital that we keep everything up and running," said Chief Hospital Corpsman Anthony Carotenuto, a Det. 206 member from Chesapeake, Va. "We were prepared with well-trained people who know what they are here to do and it makes a big difference."

Lt. Cmdr. Mary Kay Carlson, a nurse from New Haven, Conn., is serving in the obstetrics/gynecology clinic of the main medical center's women's health division, which treats approximately 300 patients per day. Although some services were cut back for a short time as active-duty staff members were deployed, the clinic is extremely busy now and seems to be operating all programs on a normal schedule with the help of Reservists, she said.

The approximately 600 medical staff members deployed in support of Operation Iraqi Freedom have been replaced, temporarily, by a little more than 200 Reservists, medical center officials said. The situation is requiring some Reservists to expand their skills and work outside their normal areas of expertise.

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Nurse Corps Celebrates 95th Anniversary
By Aveline V. Allen, Bureau of Medicine and Surgery

WASHINGTON - On May 13th, The Navy Nurse Corps will celebrate 95 years of dedicated service with approximately 5,000 active duty and Reserve nurses ready and willing to go above and beyond the call of duty for Navy Medicine, the fleet and the Marine Corps.

"It's amazing to me how our nurses just step up when called to carry out the mission," said Rear Adm. Nancy Lescavage, Nurse Corps, director of the Navy's Nurse Corps, and commander of the Naval Medical Education and Training Command in Bethesda, Md. "Whether deployed or back here, a Navy Nurse has to have intelligence, team spirit, guts and great love of country. We know people look to us to take care of those who serve in harm's way."

Recognizing the need for an even greater level of dedication and commitment to care during these turbulent times that our nation is facing, the Nurse Corps has deployed 600 active duty nurses, and activated approximately 400 Reserve nurses in support of Operation Iraqi Freedom. They are currently serving on the USNS COMFORT, at fleet hospitals and combat casualties and treatment ships, and with the Marines in a variety of locations.

Navy Medicine salutes those nurses who are deployed but also does not forget those here at home who are providing the best nursing care and support Navy Medicine has to offer to the injured forces returning home. In addition, these nurses are also working hard to continuously support the Navy's TRICARE mission.

Both abroad and at home, Navy Nurses are collaborating as one team to provide their patients with exceptional care.

Navy Nurses realized the importance of expanding their knowledge and clinical expertise shortly after September 11th and that realization has continued throughout this current campaign. They have accomplished their readiness initiatives at Navy military treatment facilities through established agreements with local civilian trauma centers. This training has provided the opportunity for more than 50 emergency and critical care nurses and nurse anesthetists to experience didactic and clinical training at over five different civilian institutions.

"What we do every day is move around, and take tremendous risks," said Lescavage. "We put ourselves and our families second and our country first."

Another positive measure Navy Nurses have undertaken is the collaboration with the Army and Air Force. Instructors and training opportunities are shared in support of critical skills enhancement at the Army Medical Center in Landstuhl, Germany; Wilford Hall Medical Center in San Antonio, Texas; the Critical Care Air Transport Team Course at Brooks Air Force Base in San Antonio, and at other facilities.

Navy nurses attribute much of their medical expertise to the variety of operational platform courses and exercises available to them, which they agree have been instrumental in enhancing their readiness for Navy Medicine's forward deployed mission. Some of these courses include combat casualty care, strategic medical readiness contingency, medical management of chemical and biological casualties, trauma nurse core course/fleet hospital field training, and fleet hospital operational readiness evaluation.

With such a vast array of training platforms, Navy Nurses have never been more ready to serve and have clearly defined their role for the future.

"Every military nurse plays a vital role," said Lescavage. "And I am proud to serve with each and every one of them."

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New Patient Safety Program Underscores Commitment to Beneficiaries

From Bureau of Medicine and Surgery Public Affairs

WASHINGTON - In a time of increasing importance to the Department of Defense (DoD) Military Health System (MHS), the Patient Safety Program has undergone significant review and restructuring. A new organization has emerged to ensure a safer environment for TRICARE beneficiaries and enhance the quality of care they receive.

The goal of the Patient Safety Program is to avoid medical harm and improve patient safety by focusing on improving systems and communication among health care teams. DoD patient safety initiatives are underway that automate the reporting of patient care errors to reveal trends and opportunities for improvement in the MHS.

Another essential factor in assessing patient safety is viewing the patient as the focal point of the health care team. It is for this reason that there is a new emphasis on the patient being an active member of

the health care team -- meaning the patient participates in every health care decision. If a patient is unable to talk or is uncomfortable talking with a provider, a designated patient advocate, such as a relative or friend may accompany the patient to speak for him or her. Other measures patients can employ to improve their health care experience include:

- Informing their provider of all medications they are currently taking and any allergies or adverse reactions to medication.
- Keeping a record of all medicines, vitamins and herbal supplements being taken.
- Asking what the prescribed medication does and what side effects may occur.
- Knowing when and how to take medications.
- Learning as much as possible about their illness, condition, treatment plans and any tests that may be conducted.
- Ensuring they are in agreement with the surgeon on exactly what is going to be done if surgery is needed, including the surgeon marking the surgical site.
- Asking the provider when, where and how the results of a procedure or test will be delivered.

The MHS is committed to ensuring beneficiaries receive the highest quality care in the safest environment. This includes well-informed beneficiaries who actively participate in their health care experience.

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Naval Hospital Jacksonville Celebrates Nurses From Naval Hospital Jacksonville Public Affairs

JACKSONVILLE, Fla. - All across the United States nurses are being saluted as the Navy Nurse Corps and the American Nurses Association celebrate National Nurses Week May 5-12.

The purpose of Nurses Week is to raise awareness of the value of nursing and to help educate the public about the role America's 2.7 million nurses play in meeting the healthcare needs of the American people. The Navy Nurse Corps' 95th Birthday is May 13.

During this week, Naval Hospital Jacksonville, Fla. joins these organizations and all of Navy Medicine in honoring its 152 Naval Hospital military and civilian nurses, 40 Branch Medical Clinic military and civilian nurses and 27 activated Reserve nurses. The hospital also salutes the accomplishments of 46 Naval Hospital Jacksonville nurses who are deployed in support of

Operation Iraqi Freedom. The hospital is proud to recognize the dedication, commitment, quality work and tireless efforts of nurses to promote and maintain the health of this great nation.

The dedication of the nurses delivering care at Naval Hospital Jacksonville every day is personified by such professionals as Ens. David Davis, Nurse Corps, who works in the hospital's Endoscopy Suite. Davis was an enlisted Aviation Ordnanceman who decided to go into nursing to enhance his career opportunities. He said that nursing has proven a great choice.

"I've thoroughly enjoyed the job and the opportunity to help and interact with patients," he said.

A graduate of Jacksonville University's nursing program, Davis said nursing is exciting. "There are many different roads and avenues you can take once you achieve your degree. My experience working in Endoscopy (ENDO) has been fantastic. In ENDO I deliver conscious sedation and I'm working eventually toward a perioperative program to become an operating room nurse."

Lt. Stacy Batt, Nurse Corps, who works in the hospital's Post Anesthesia Care Unit (PACU) has been a nurse for 10 years. She agrees that nursing is a great career.

"I can't picture myself doing anything else," she said. "Every day is different and I really enjoy working with my patients and the staff here."

Her many daily responsibilities include working with patient's pain resolution, monitoring their breathing, administering medications and advising patients on discharge procedures and follow-up.

Ens. Scott MacDonald, Nurse Corps, noted that the basic idea of nursing crosses environmental and cultural lines. "Nursing, whether in Iraq or here at home, is the same. We're going to make people better. That's our thing," he said.

This dedication to "making people better" is reflected in this year's Nurses Week logo - "Nurses Lifting Spirits, Touching Lives." During the week, hospitals across the nation will be sponsoring events and displaying banners and memorabilia focusing on the contributions of these caregivers who continue the legacy of one of history's most famous nurses, Florence Nightingale.

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Healthwatch: Take Care to Minimize Effects of Allergies
By Lt. Neil Zlatniski, Medical Corps, Marine Corps Air
Station Cherry Point

CHERRY POINT, N.C., - Seasonal allergic rhinitis, or hay fever, affects more than 30 million people in the United States.

Symptoms include runny nose, sneezing, and congestion, as well as itching in the nose, throat, roof of the mouth, eyes, and ears. These symptoms are triggered by outdoor allergens, airborne pollens, and mold spores that commonly occur during the spring and fall seasons. Many people who move to a new region of the country acquire allergies in the new area within one to two years.

Many trees, grasses, and weeds have pollens that trigger allergy symptoms. In early spring, tree pollens often trigger seasonal allergic rhinitis. In late spring and early summer, pollinating grasses are the culprits. Ragweed is the pollen responsible for late summer and fall hay fever in the United States, however, other weeds can also trigger symptoms. In many areas, grasses tend to pollinate from April to September, trees from February to May, and ragweed from August to October.

Molds are microscopic fungi that have spores, which float in the air throughout the year. The amount of molds in the air depends on the weather.

Pollen and mold counts measure the amount of allergens in the air. Many weather centers report this information that can help people plan outdoor activities to avoid allergens. Appropriate treatment, not avoiding the outdoors, is the best way to cope with your allergies. If your symptoms are not controlled in two days with over-the-counter antihistamines, you should see your health care provider to be evaluated. They may prescribe medications to lessen symptoms and order testing to determine the cause of your allergies.

The DO's and DON'TS for seasonal allergic rhinitis include:

- DO minimize early morning activities when pollen is high (5:00 a.m. - 10:00 a.m.).
- DO stay indoors when pollen count is high, or during windy, humid days.
- DO take a trip to the beach during the height of your

allergies.

- DO keep your car windows closed when traveling.
- DO keep windows in your home closed at night and use air conditioning.
- DON'T rake leaves, as this stirs up molds.
- DON'T take more medication than recommended to control symptoms.
- DON'T hang sheets or clothing outdoors to dry. Pollen and mold will collect on them.
- DON'T mow lawns or be around freshly cut grass.
- DON'T grow too many indoor plants if you're allergic to molds.

If you have any questions or need to be seen for your symptoms, talk to your health care provider for more information.

Editor's note: May is Asthma and Allergy Awareness Month

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Got news? If you'd like to submit an article or have an idea for one, please contact MEDNEWS at 202-762-3221, fax 202-762-1705 or btbadura@us.med.navy.mil.